Skier’s/Gamekeeper’s Thumb
Ulnar Collateral Ligament (UCL) Injury

Skier’s thumb, also called gamekeeper’s thumb, is an injury to the ulnar collateral ligament (UCL) in your thumb. A ligament is a rope which attaches one bone to another bone. The UCL links the metacarpal bone (at the base of the thumb) with the proximal phalanx (the middle thumb bone). The injury can be partial, where only a part of your ligament is torn, or it can be complete (also called a rupture), where the entire ligament is torn into two pieces.

At times, when the ligament tears, it pulls a small chip of bone away with it; this is called an avulsion fracture. In some cases, the end of the torn ligament is folded over and trapped over one of the thumb muscles created a small bump; this is known as a Stener lesion.

Skier’s thumb got its name because the injury commonly occurs when a skier falls and the thumb is bent over a ski pole.

Causes
Any strong force that pulls the thumb away from the rest of the hand can cause skier’s thumb.

Symptoms
You will have pain at the base of your thumb in the web space between your thumb and index finger that worsens with any movement of your thumb. In addition, you may have swelling, bruising and a weak pinch and grasp. You may also have some wrist pain.

Diagnosis
Your doctor will perform a good physical exam looking for laxity (looseness) of the ligament by pushing your thumb into different positions. The looser and less steady the joint is, the worse the injury likely is. Your doctor will likely obtain an x-ray of your thumb to evaluate for the presence of an avulsion fracture. To make sure that a fracture has not occurred. X-rays show injuries to the bones but do not show injuries to the ligaments. In some cases, additional tests are needed, such as magnetic resonance imaging (MRI).

Treatment
Generally, skier’s thumb can be treated with immobilization with a splint or cast to keep the joint from moving and allow the ligament to heal. The length and type of immobilization depend on the severity of injury. Some skier’s thumb injuries require surgery followed by immobilization. Surgery is required if a Stener lesion is present, if the joint is extremely loose or if an avulsion fracture occurs and the piece of avulsed bone is displaced from its original position. Physical therapy to help in regaining strength and motion is often part of the treatment regimen.

Returning to Activities & Sports
The timing of return to play depends on the severity of injury and the type of treatment required. Many athletes are able to train and condition while wearing a rigid splint or cast. Athletes with milder injuries generally have full use of their thumb as early as 4-6 weeks after injury. Individuals who require surgery have a longer recovery. Your physician may recommend a soft splint or taping for the first few weeks of return to activities.